King County

Department of Natural Resources and Parks **Wastewater Treatment Division**

Non-Residentia						Account #		
Sewer Use Cert	-	atio	n					
 To be completed for all new sewer connections, reconnections or change of use of existing connections. This form does not apply to repairs or replacements of existing 						Monthly Rate		
 This form does not apply to sewer connections within fir Please Print or Type 	repai ve yea	rs or r	epiace discon	ement nect.	s of existing			
Property Street Address						Property Tax ID #		
Floperty Street Address								
City State ZIP						Party to be Billed (if different from owner)		
Owner's Name						•		
Subdivision Name Lot #						Oite an Oassan District		
Subdiv. # Block #					k #	City or Sewer District		
						Date of Connection		
Building Name(if applicable)						Side Sewer Permit #		
						Please report any demolitions of pre-existing building on this proper		
() Owner's Phone Number (with Area Code)						Demolition of pre-existing building? \(\subseteq \text{Yes} \) No		
()						Was building on Sanitary Sewer? ☐ Yes ☐ No		
() Property Contact Phone Number (with Area Code)						Was Sewer connected before 2/1/90? ☐ Yes ☐ No		
Owner's Mailing Address								
					2	Sewer disconnect date:		
						Type of building demolished?		
						Request to apply demolition credit to multiple buildings? Yes No		
A. Fixture Units Fixture Units x Number					ture Units	B. Other Wastewater Flow (in addition to Fixture Units identified in Section A)		
Kind of Fixture		e Units Private		ixtures Private	Total Fixture Units	Type of Facility/Process:		
Bathtub and Shower	4	4						
Shower, per head	2	2				page 1		
Dishwasher	2	2				Estimated Wastewater Discharge:		
Drinking fountain (each head)	1	.5				Gallons/days		
Hose bibb (interior)	2.5	2.5				•		
Clotheswasher or laundry tub	4	2				Residential Customer Equivalents (RCE): 187 gallons per day equals 1.0 RCE		
Sink, bar or lavatory	2	1						
Sink, Clinic flushing	8	8				Total Discharge (gal/day) = RCE		
Sink, kitchen	3	1.5						
Sink, other (service) Sink, wash fountain, circle spray	4	3		-,		187		
Urinal, flush valve, 1 GPF	5	2				C. Total Residential Customer Equivalents:		
Urinal, flush valve, >1 GPF	6	2	<u> </u>			(add A & B)		
Urinal, waterless	0	0						
Water closet, tank or valve, 1.6 GPF	6	3				A		
Water closet, tank or valve, >1.6 GPF	8	4				· · · · · · · · · · · · · · · · · · ·		
	Т.	otal F	ixture	l Inite		В		
Total Fixture Units Residential Customer Equivalent (RCE)						В		
20 fixture units eq						= RCE		
Total No. of Fixture Units				RCE		- I NOL		
The amount of the charge is esta-	blished	l annua	lly by t	he King	Gounty Council a	ervice which uses metropolitan sewage facilities shall be subject to a capacity charget a rate per month per residential customer or residential customer equivalent for		

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prepaid at a discounted amount. All future billings can be prepaid at a discounted amount.

Questions regarding the capacity charge or this form should be referred to King County's Wastewater Treatment Division at 206-684-1740.

I certify that the information given is correct. I understand that the capacity charge levied will be based on this information and any deviation will require resubmission of corrected data for determination of a revised capacity charge.

Signature of Owner/Representative	·	Date
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Print Name of Owner/Representative_